

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023236

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 34

FILED JUL 9 1963

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Centralia		Length of stay in 1b since Feb.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Campbell Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Ethel Frances Spurling		4. DATE OF DEATH Month July Day 3 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/21/1884
9. AGE (last birthday) 78		10. IF UNDER 1 YEAR Months 10 Days 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	
11. BIRTHPLACE (City and state or country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John F. Baker		13b. MOTHER'S MAIDEN NAME Maria Scruggs	
14. NAME OF HUSBAND OR WIFE Judge E.L. Spurling		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	
16. SOCIAL SECURITY NO. 868		17. INFORMANT Address Mrs. James Webster, Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per time for each death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease None Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last): DUE TO (b) None DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 1 year
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE N.A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) N.A.	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year N.A.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) N.A.		20f. CITY, TOWN, OR LOCATION COUNTY STATE N.A.	
21. I attended the deceased from November 24, 1963 to July 3, 1963 and last saw her him alive on June 29, 1963 Death occurred at 4:10 pm m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. LaChance, M.D.		22b. ADDRESS 110 West Sneed, Centralia, Mo.	
22c. DATE SIGNED 7/5/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5, '63	23c. NAME OF CEMETERY OR CREMATORY Elmwood	
23d. LOCATION (City, town, or county) (State) Mexico, Mo.			
24. FUNERAL DIRECTOR Burr & Mader Centralia, Missouri		25. DATE RECD. BY LOCAL REG. July 5/1963	
26. REGISTRAR'S SIGNATURE Maud Mc Bride			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

VS 300  
Rev. 4/59

1 0101

2 0040

3

4 1

5 1

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9 200

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11

12 90-0

13 20

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Rich J. Meador*

Licensed Embalmer No. 4876

P. O. Address Catlettsville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued July 5, 1963. 72-53.